The misuse of drugs or alcohol and the attendant dangers of addiction development, is a complex psychosocial problem which does not lend itself easily to a brief description that can be contained in a number of columns or pages.

A multifaceted response is required, making due allowance for a range of individual needs. The difference between misuse and addiction needs to be understood in developing appropriate intervention models whether for prevention, treatment or rehabilitation. Taking the drugs area as the main example, drug misuse has been described as "drug taking which is hazardous or harmful and unsanctioned by professional or cultural standards".

Addiction or "drug dependence" on the other hand is the term used to describe the altered physical and psychological state which results in disturbed physical and mental functioning when the drug is abruptly discontinued. It is important for service providers to understand when interventions are appropriate and at what stage they should be applied. It is important also that services should be client centred and that the attitudes and values of services providers should not obtrude on the needs of clients.

The predominant focus of this issue of the Journal of Health Gain is on drug misuse. This may of course involve misuse of a variety of substances including alcohol. There is a particular focus on the response necessary to the problem of drug dependency, particularly related to opiate misuse, which has had a high prevalence in the Dublin area compared to the rest of the country, but which has already shown signs of spreading to the surrounding counties and beyond.

It is important to state that not everyone who experiments with or misuses drugs automatically progresses to a dependent or addicted state. A number of recent studies indicate that a sizeable number of individuals under the age of 35 misuse drugs in a variety of contexts, experimental, recreational and occasional. A number of variables have been espoused as being the causes of drug taking, namely peer pressure, life incidents, social disadvantage and exclusion, family modelling and genetics. All of the variables identified probably have some credence and are reflected in the articles that follow.

Key strategic policy requirements are, firstly, to reduce the number of individuals who commence to experiment with or misuse drugs; secondly, to reduce the numbers progressing from this stage to a state of drug dependence; and, thirdly, to provide appropriate treatment and rehabilitation and re-integration interventions for those who have become addicted and drug dependent.

All modern approaches to prevention emphasise the need for the introduction of appropriate interventions early in life. This applies equally to education as part of an overall lifestyles programme or to early detoxification for those who have begun to become drug
dependent at a young age. As will be seen later in this issue, such interventions need to be age related and culturally appropriate. They should also be on-going, consistent and socially reinforced.

Treatment interventions should reflect the needs and capacities of the individual clients. The goals of any treatment intervention can include, abstinence - from main drug of choice or all drugs; improvement of health and welfare of the individual; and, harm reduction leading to controlled, non-dependent or non-problematic drug use. Rehabilitation and re-integration programmes should be a major part of this continuum of care and enable individuals to become part of their community and to find a niche for themselves at their own particular level.

The use of illicit drugs in Ireland has engendered much debate from the legislative and public health standpoints. Debate is ongoing amongst various service providers in the health and social fields. The Government response through the Ministerial Task Force has been clear and positive. This issue of the Journal of Health Gain seeks to reflect a cross-section of experience from those involved with developing appropriate service responses and the experience and views of some of those involved in drug misuse who progressed to becoming addicted and drug dependent.

Dr. Eamonn Keenan looks at the growing problem of drug use amongst adolescents and sets out a direction for prevention and treatment interventions. He draws attention to the implications for the country as a whole of the widespread abuse of Ecstasy in this age group. His main focus is on needs and risk factors during the period of adolescent development and the importance of prevention, education and treatment programmes being re-evaluated and tailored to fit this target group.

An innovative response to the needs of adolescents, as expressed, by themselves is described by Fiona Walsh. The idea of a 'health advice cafe' now being developed in Galway, involving young people themselves, will offer a range of services including a peer education programme, a counselling service and a brief intervention model of care. First and foremost the cafe would offer a positive environment where young people could develop a range of activities for themselves.

We are given an insight by Jim Ryan into the background to the establishment of the Local Drug Task Forces. He outlines the experience and lessons from the working of the Task Force process to-date. Under this process, social, health and environmental issues, and gaps in service provision, can be addressed in a co-ordinated manner by representatives of statutory, voluntary and community groups in local areas.

A personal perspective is provided by the article "There and Back - a personal odyssey" which describes one person's journey from a young age through a range of substance misuse, starting with alcohol, and going on to total drug dependency before
eventually starting back to recovery. The description of this journey is both vivid and absorbing and provides a revealing insight into the world and needs of a drug misuser.

The need for re-assurance, understanding and support, which emerged in the previous article, is re-inforced in the article "Towards Rehabilitation / Re-integration Blueprint - The Client’s Perspective". The main focus of this article is centred on the results of a survey of the views of a number of clients. It offers a revealing 'snapshot' profile of a cross section of typical service users and the inclusion of their views in the process of service development hopefully augurs well for future outcomes.

The outcome of drug detoxification in Mountjoy prison is reviewed by Dr. Des Crowley. He argues for earlier intervention at the pre-addiction or early addiction stage as this produces the best outcomes. The need for continuity of treatment for those who were on methadone maintenance before entering prison, is also highlighted. A detailed prisoner profile provides valuable information to guide further service development for this cohort of drug misusers.

Dr. Michael Farrell and Dr. John Marsden in a brief article discuss the role of pharmacotherapy in the form of drug substitution for the treatment of opiate dependence. The replacement of methadone by other substitutes, and the role of other aspects of treatment programmes such as psychosocial interventions, are discussed in the context of treatment programmes that provide the most effective gains.

The provision of drug and alcohol services in the Southern Health Board is described by Willie Collins. A 1997 study showed the level and type of drug misuse but found that alcohol is still the dominant drug of misuse in terms of prevalence and problem use.

In the final article Steve Harding traces the development of Ecstasy in association with the Dance Culture. He describes a 3-phase initiative which involves working with night club owners, managers and staff and with getting information to young people. The initiative takes a harm reduction approach with the aim of improving safety and reducing the risk to life and health.